state SICIANS should certificate. ٥ back See instructions of Inford OF Important. Every Ite

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX MARRIED. WIDOWED. (Month) (Day (Write the word) attended deceased from DATE OF BIRTH (Month (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... \_\_ ds. State ..... yrs. Where was disease contracted. 14 THE ABOVE IS if not at place of death?.... Former or usual residence... DATE OF AURIA

ADDRESS

20 UND BREAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day luborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

Lot # 21

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-(Recommendations on statement of (name origiu; "Can-State cause for



V. S. No. 1.

### RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.-Every Item CAUSE OF

Village or City Cumberlandho 204, 2 2FULL NAME Mary Carolin	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White Single, Married, Widow Drolyonced (Write the word)	16 DATE OF DEATH ONLY 1914,  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from July 1'', 1914,
ang - 1823	that I last saw he ea alive on he e 11'1 1914
(Month) (Day (Year)	
d day bus	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Brieght in by debility  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Germany	Secondary  (Question) yrs mos ds.
10 NAME OF John Trancer	(Signed) Le Kilgyvadup, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Lemany	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(loformant) The BEST OF MY KNOWLEDGE (loformant) Dee Chey	If not at place of death?  Former or osual residence.
(Address) 204 Springder Sp. 15	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  SCHOOL STATE OF BURIAL  20 UNDERTAKER ADDRESS
REGISTRAR	Levis Streng Comfod

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligchildbirth or miscarriage as "Puenperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasics (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of death), 29 ds.; For VIO-



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

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genital," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less defiuite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequeuces (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; The coutributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exbaustion,"



### STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. Marke ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Year) (Dav 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. pe (b) General nature of industry. DING business, or establishment in may which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) carefully that (Duration) 10 NAME OF 1 FATHER 80 of 11 BIRTHPLACE (Address) OF FATHER AREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME plain See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 113 BIRTHPLACE 5 At place OF MOTHER (State or country) DEATH Where was disease contracted. If not at place of death? 9 usuai residence mportant. Every 20 UNDERTAKER Filed. REGISTRAR ż

If more blanks are needed, address State Registrat of E. Franklin St. Balto., Requesting V. S. No. 1.

lif death occurred in a hospital or institution. give its NAME Instead ot street and number.]

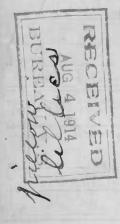
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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state 10 PHYSICIANS should of OCCUPATION is RECORD EXACTLY classifled. D properly ACE pe UNFADING may that 80 0 be back terms, pinou piain Instructions 2 EATH OO Item PO Every Item CAUSE OF Important.

OF MOTHER (State or country)

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred la a hospital or institution give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE, 18 DATE OF DEATH MARRIED. WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h...... alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country Gontributory..... Secondary 10 NAME OF FATHER NTS 11 BIRTHPLACE . 191.4. (Address). OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) ARE 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE

H	At place	In the	1		
ı	of death yrs mos ds.		yrs,	mos,	d
I	Where was disease contracted,				

If not at place of death?----Former or

usual residence.....

PLACE OF BURIAL OR REMOVAL

July 6 1914

TAKER

REGISTRAR TO

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary fireman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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# MARGIN RESERVED FOR BINDING

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10 PHYSICIANS should of OCCUPATION IS RECORD statement classified. properly supplied. pe UNFADING may certificate. 80 Jo back terms, Should 00 plain Instructions Information Ē DEATH WRITE See 0 Herm OF Important. CAUSE

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No..... Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Day (Year) ORDIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h Am allve on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a day ..... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ..... yrs, \_\_\_\_ mos. ..... yrs. ..... mos. .... Where was disease contracted. KNOWLEDGE If not at place of death? ... Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the bisease Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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No.

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RECORD

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH OCCUPATION IS pinous Registration Dist. No ... If death occurred in PHYSICIANS Village or City St.;....Ward) a hospital or institution, give its NAME lostead of street and number. 1 ō MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 classified. (Month) (Day) (Year) 7 AGE If LESS than pinous 1 day,.....hrs. OR ..... min. ? ds. properly 8 OCCUPATION AG (a) Trade, profession, or particular kind of work (b) General nature of industry. supplied pe ears business, or establishment in (Duration) may which employed (or employer) 1 9 BIRTHPLACE (State or country) Contributory. certificate. (Secondary) that (Duration) 10 NAME OF FATHER (Signed) 0 ARENTS 11 BIRTHPLACE ., 131.7... (Address) OFFAPHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. .... mos. .... ds. State ..... yrs, \_\_ EATH Where was disease contracted. OF MY KNOWLEDGE If oot at place of death?... A Former or OF osual residence. mportant. Ш PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 1.55 20 UNDERTAKER ADDRESS m' REGISTRAR ż if more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry; and therefore ar essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the bead of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. mia," "PUERPEEAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Coltapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowk ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .... ture of the American Medical Association.) Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as The contributory (secondary or intercurrent) (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	I PLACE OF DEATH  Sunty Pule y any  Ifage or City bunch of (No. 76)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [It death occurred in a hospital or institution,
	2 FULL NAME Margrette Bora	glve its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	mole White (Write the word)  James 12, 1914	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  17 191 t, to 3 191  that I last saw h 12 alive on 12 191
<sup>7</sup> A C	(Month) (Day) (Year)  If LESS than 1 day,hrs.  ormin.?	and that death occurred on the date stated above, at 3, 45 A, m, The CAUSE OF DEATHy was as follows:
(a) par (b) busi whi	CCUPATION  Trade, profession, or  ficular kind of work  Seneral nature of industry, ness, or establishment in ch employed (or employer)  RTHPLACE tate or country)	Contributory Fallulons & ramin Caale, (Secondary)  (Ouration)  (Ouration)  (Secondary)  (Secondary)  (Ouration)  (Secondary)  (Ouration)  (Secondary)  (Secondary)
PARENTS	10 NAME OF FATHER HERY Brown.  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER GAME LAGING.	(Signed)
15	(Informant) Herry Brown (Address) Hice St) Carpato So	or RECENT RESIDENTS)  Af place of deafh yrs. mos. ds.  Where was disease contracted, if not af place of deafh?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Date of BURIAL  20 UNDERTAKER  ADDRESS
File	REGISTRAR	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pucunonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis is less definite; avoid use of "Tumor" for malig-The contributory tetanus) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Examples: cause for For Viods.;



BINDING

Cou	1 PLACE OF DEATH 5376  nty Clegary	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
Villa	2 FULL NAME Josephine 13	Strand St; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 AGE	WIDOWED, WIDOWED, OR OIVORCED (Write the word)  TE OF BIRTH  (Month) (Day) (Year)  (Month) (Day) (Year)  If LESS than 1 day,hrs. ORmin.?	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY, That I attended deceased from  July 191 Z to July 2 3 , 191 %  that I last saw here alive on July and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
(b) Ge busines which	ular kind of work	Contributory Taxalyace (Secondary)  (Duration) / yrs. 720 mos. 720 ds.
ENTS	ONAME OF Large Wiehuw.  1 BIRTHPLACE OFFATHER (State or country) Morefiely hora, 2 MAIDEN NAME OF MOTHER MANY Jones	(Signed)
14 <sub>TH</sub>	3 BIRTHPLACE OF MOTHER (State or country)  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  offormant)  May E Suppose  offormant	At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.
15 (	Address The Address The Government of the Marks are needed, address State Registrar, 6	Proce of BURIAL OR REMOVAL DATE OF BURIAL  Frontburg Abd. July 27, 1914  20 UNDERTAKER PARES  Facob Hafer. Frontburgh

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from husiness, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichae-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," name origin; "Can-The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is purmanently filed.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No..... Ilf death occorred in a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWEO, ORGIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from (Day (Year) (Month) TAGE It LESS than 1 day .....hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_ Where was disease contracted. KNOWLEDGE If not at place of death?... Former or usual residence. 19 PLAGE OF BURIAL 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no oecupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaemere symptoms or terminal conditions, such as "As ample: Mcastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility", ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from is less definite; avoid use of "Tumor" for malig-The eontributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head



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### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR ..... min. ? mos .... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) .....yrs......mos......ds. which employed (or employer) ..... 9 BIRTHPLACE (State or country) · Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE , 191 // ... PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. ..... mos. ... State ..... yrs, \_\_\_\_ ds Where was disease contracted, OF MY KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR (Address).....

Ilt death occurred la a hospital or institution. give its NAME instead of street and number.]

(Year)

(Day

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tueumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal couditions, such as Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) "Exhaustion," Never report



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CCUPATION

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. I'll death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Write the (Month) (Day (Year) word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated shove, at was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address). ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE TFOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) . 13 BIRTHPLACE At place OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State ..... yrs, \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicides Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



1 PLACE OF DEATH County allyany

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

VIIIage or City & Chart (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of sfreef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day (Year)  1 day,hrs.  OR min.?	that I last saw h alive on
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF	Sum Shot Avainah  Hamicial  (Duration) yrs mos ds.  Contributory  Secondary  Secondary  Guration) yrs mos ds.
FATHER Sant Knaw  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) A. A. B. Caroill, M. B.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transienta, or Recent Residents)  At place in the of death yrs. mos. ds
(Informant)  (Address)  (Address)  15  Filed  191	Where was disease confracted, If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  Catholical Cemetry Ruly 27, 1914  20 UNDERTAKER  ARDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never retnrn "Laborer," material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

lesis of lungs, meninges, peritonacum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) fever (the only definite synonym is "Epidemic cere-("Puenmonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid (avold use

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origia; "Canaffectiou necd not be stated unless important. which surgical operation was undertaken. For vio mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvnlsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probabby LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-





### BINDING FOR RESERVED MARGIN

S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD 4 UNFADING INK-THIS WRITE PLAINLY, WITH

PERMANENT

1 PLACE OF DEATH

### STATE OF MARYLAND

County Release	CERTIFICATE OF DEATH_
	Registration Dist. No.
Village or City (No. Kn. 2)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Sh (Write the word)	16 DATE OF DEATH July 3 , 1914 (Year)
6 DATE OF BIRTH  March 14, 1967  (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from July 3, 1914, to July 3, 1914, that I last saw her alive on June 50, 1914
7 AGE  11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11.30 m, The CAUSE OF DEATH* was as lollows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Mitral Reguigitales  (Duration) yrs mos ds
which employed (or employer)  9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	(Signed) 100 M. D. Gardion) yrs mgs ds.  (Signed) 100 M. D. Gardion M. D.  Grand M. D.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
a Don't know	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST QF MY KNOWLEDGE	At place in the of death yrs mos ds. State yrs, mos ds  Where was disease contracted, If not a place of death?
(Informant) Fany Cheeson	If not at place of death? Former or usual residence
16 7/5- 1914 Wellamethe	Bruas of Source Date of Burial  20 UNGERTAKER  DATE OF BURIAL  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Crocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. eause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



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1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. It death occurred in a hospital or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 4 COLOR OR RACE MARRIED. widoweol or olvorces (Write the word) (Month) (Day (Year) DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OFFATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... State ..... yrs. Where was disease contracted. WLEDGE If not at place of death?-Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUS 4 1914

V. S. No. 1.

PERMANENT 4 UNFADING INK-THIS IS

RECORD WRITE PLAINLY, WITH

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County Allegany	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Counterland (No. 18) 2FULL NAME William and	ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Widower, Willower, Willower, Willower, Willower, Willower, Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
	that I last saw h alive on, 191, 191
(Month) (Day (Year)  TAGE   If LESS than	* a
1 day hrs	and that death occurred on the date stated above, st
62 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work.  (b) General nature of Indostry, business, or establishment in which amployed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country)	Gontributory
10 NAME OF FATHER Daublangh	(Signed) Im. H. Shaw caroner, M. D. July 14, 1914 (Addrass) Cumberland Aug
11 BIRTHPLATE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Freemol	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Af place of death yrs mos ds. State 6.2 yrs mos ds
14 THE ABOVE POTRUE TO THE BEST OF MY KNOWLEDGE	Where was disaase contracted, If not at place of death?
(Interment) Farch V- Danlbough	Former or usual residence 111 Oldtonn R4
(Address) !!! Oldfarm	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 JUL 151914 Mr VIXIA	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 16

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the "Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civit engineer, Stationary fireman, etc. But in many applies to each aud every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal" septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for



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PHYSICIANS should state of OCCUPATION IS very properly classified. Exact statement PERMANENT stated EXACTLY. should UNFADING INK-THIS AGE carefully supplied. of information should be c DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH CAUSE OF -Every Item Important. N. B.

Gounty Illegary 6315	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City JOSU (No	St.; Ward)  [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male. While Single, Married, Wisower, Child (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH FLAT 19 , 1913 (Month) (Day (Year)	fully 7 1914 to fully 21 1914 that I last saw h time allve on Delly 21 1914
7 AGE  If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at 930 pm. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employar)  © BIRTHPLACE (State or country)	Capillary Promoteta  (Buration) yrs. mos. 14 ds  Contributory Secondary
10 NAME OF FATHER LYCS. Dawyow  11 BIRTHPLACE OF FATHER (State or country) Mest Ma.  22 MAIDEN NAME OF MOTHER MOTHER	(Signed) (Suration) yrs mos ds  (Signed) (Signed) (Address) (Address) (Suration) (Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) West. Wa-  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) West. Warner	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS OR RECENT RESIDENTA) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
16 Filed July 23 191 4 FJ Charles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Williamy Cemeley July 2 3 , 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Cougenital," "Senile," etc.), "Dropsy," "Exhaustiou," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Coutributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



statement PERMANENT EXACTLY. UNFADING INK-THIS IS PLAINLY, WITH DEATH In plain CAUSE OF important.

PHYSICIANS should state of OCCUPATION is very See instructions 1 PLACE OF DEATH

6316



### STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Vil	lage or City Linaconnig (No. ,	St.; Ward)  [If death occurred in a hospital or institution, give its MAME instead of street and number.]
	2FULL NAME John Weller	A Nevault.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
35	Malr 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED Write the word)	(Month) (Day (Year)
B D	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h mally on why sty 1914.
7 A	(	and that death occurred on the date stated above, at
(a pa (b) bus	OCCUPATION  Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)	(Duration) yrs. mos ds.
	RTHPLACE (State or country)	Secondary Secondary
ARENTS	11 BIRTHPLACE OF FATHER (State or country) on and	(Signed)
PAR	12 MAIDEN NAME Mary Mills	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
	(Informant) (Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
16	(Address) Longerman, and	Dak Hill Inscring DATE OF BURIAL  29 UNDERTAKEN
Fil	REGISTRAR	Mr. Gentle land & land

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. υ<u>ż</u>

N. B.-

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Tuerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1914
BURREAUTIS.

UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH CAUSE OF Important. S

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

County Mandal Control of the Control	Registration Dist, No.
Village or City Cumberland (No. 336, V)  2FULL NAME Life intof Mir 1 //	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wals  4 COLOR OR RACE  Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the word)	18 DATE OF DEATH 7-22, 1914  (Month) (Day (Year)  17 I HEREBY GERTIFY, That I attended deceased from
de DATE OF BIRTH  (Month) (Day (Year)	7-22, 191 ×, to 2- 2 = , 191 ×.  that I last saw h allve on
7 AGE   If LESS than 1 day,	and that death occurred on the date atated abova, at
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	Shee Dorn
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary (Opration) 2 yrs mos ds.
10 NAME OF FATHER W J DiamsEnd  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONE, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, if not at place of death?  Former or osual residence.
(Address) Gunt Sulgered  16 10 L 23 1914 Filed Registran  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  ADDRESS  John C. Moford Cumberland  Trap, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin

injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of childbirth or miscarriage as "Puerperal septiehaesuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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### RECORD PERMANENT 4 UNFADING INK-THIS PLAINLY, WITH WRITE

1 PLACE OF DEATH Very PHYSICIANS should state OCCUPATION IS Jo Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE S SINGLE. MARRIED. WIDD WED. ORDIVORCED (Write the word) stated DATE OF BIRTH properly classified. pe (Day (Month) (Year) TAGE If LESS than should 1 day hrs. OR ..... min. ? AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work. carefully supplied. may be (b) General nature of industry, business, or establishment in which employed (or employer) ...... of certificate. 9 BIRTHPLACE (State or country) so that it 10 NAME OF FATHER pe See Instructions on back PARENTS terms. 11 BIRTHPLACE should OF FATHER (State or country) 12 MAIDEN NAME DEATH in plain OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) o CAUSE OF Important. (Address)..... 15 m REGISTRAR ż If more blanks are needed, address State Regist

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

a Driscoll	[if death occurred is a hospital or institution, give its NAME instead of street and number.]
MEDICAL PERTIFICATE OF D	DEATH /
16 DATE OF DEATH WEG	10 7, 191 \(\(\frac{1}{2}\) (Year)
17 I HEREBY CERTIFY, That I at	
that I last saw p mallve onn	Ce 15 , 191 +
and that death occurred on the date stated ab	ove, at 8757 m,
The GAUSE OF DEATH * was as follows:	
4-44	***************************************
Contributory (Duration) Secondary	yrs mos 5 ds.
(Dyration) D	yrsds.
(Signed) Athur Fills	Sield, M. D.
*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORREGENT RESIDENTS) At place In the of death yrs mos ds State	TITUTIONS, TRANSIENTS,
Where was disease contracted, If not at place of death?	tre St.
Former or usual residence	4
St Por Cent	DDRESS
rar, 6 E. Franklin St., Balto, Requesting V S. N	city
tale by the resultant of the parties of the V	^ 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term ou the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a defluite disease can be ascertained as the nus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of



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### 1 PLACE OF DEATH

### STATE OF MARYLAND

ADDRESS

CERTIFICATE OF DEATH Registration Dist, No.. fif death occurred in a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. 1915 WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decreased from DATE OF BIRTH Month (Day (Year) TAGE If LESS than and that death occurred on the date : 1 day, ... hrs. OR ..... 7 ..mos ... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, Show business, or establishment in which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE Ai place in the OF MOTHER (State or country) of death ..... yrs. .... mos. .... State \_\_\_\_\_ yrs. \_\_\_ mos. \_ Where was disease contracted. If not at place of death?-Former or URIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

Maria Salara Sal

scpsis, tetanus) may be stated under the head childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

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### 1 PLACE OF DEATH 6320

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Gev. W. Facen	bases of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH fuly 10 , 1914. (Month) (Day (Year)
Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows: williams Turns indications would infer
(a) Trade, profession, or particular kind of work  (b) Seneral nature of Industry,	General ascites
business, or establishment in which employed (or employer)	(Duration) yrs. 3 mos. ds.
State or country) allegany & ma	Secondary  (Doration) yrs mos ds.
10 NAME OF John Facurbaker	(Signed) County Corner & M. D.
Z (State or country) Wukuwm (auerem)  Maloen NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Elizabeth Richner  13 BIRTHPLACE OF MOTHER (State or country) Mrs Kurwn (American)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  Af place In the of death yrs, mos ds
(Informant) Herry Schrine	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Bartin McC Filed Guly 11 1914 Sa Borecher	Momenio Cuceling (2)  20 UNDERTAKER  DATE OF BURIAL  Puly  July  ADDRESS
REGISTRAR	5.8. Boal Barton had

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Meastes; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Aiways qualify aii diseases resulting from (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUINEAU, V.S.

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OCCUPATION RECORD PERMANENT 50 50 plain See Instructions DEATH Item OF mportant. Every It

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LACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in a hospitel or institution. give its NAME losteed of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. 191 WIDOWED. (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on ..... (Month) (Day (Year) 7 AGE If LESS then and that death occurred on the date stated above, at 1 day hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At piece OF MOTHER (State or country Where was disease contracted If not at place of deeth? usuel residence DATE OF BURIAL

If more blanks are deeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indishould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubegeutesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement, of "Dropsy," "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR MARGIN RESERVED V. S. No. 1.

Gounty Allegary 6322	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVOROS (Write the product of BIRTH	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  July  7  191  4  191  191  191  191  191  19
7 AGE  (Month) (Day (Year)  1 (LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Quration) yrs. mos. 4 ds.  Contributory arterio decress  Secondary  (Duration) 1 0 yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) A asynchrology (Address Annual Colors Address Annual Colors Address Annual Colors Address Annual Colors Annual Color	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  6 JA
If more hlanks are needed, address State Regist	trar, 6 E. Franklin St., Balta, Requesting V. S. No.1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first liue will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and quality as nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeoudary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) The contributory (secondary or intercurrent) (Recommendations on statement of



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state Very SICIANS should occupation is RECORD ō statement PERMANENT classifled. properly pe UNFADING may 80 ō back terms, should PLAINLY, plain Instructions Informati 5 of Inform DEATH See HO Every Item CAUSE OF Important.

STATE OF MARYLAND OF DEATH Registration Dist. No. Tif death occurred in a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. A WIDOWED, OROIVORGED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1-day\_ OR 3.0min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment la (Duration) which employed (or employer) -----Contributory..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTH LACE ., 191 4 (Address) Cleans OF FATHER (State or country) PAREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. .... ds. State ..... yrs. Where was disease contracted, If not at place of death?-Former or usual residence 15 20 UNDERTAKER ADDR REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Groccry; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." "Heart failure," "Haemorrhage," "Inauition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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AUG 4 1914

BUREAU, V.S.

PHYSICIANS P statement PERMANENT Exact classified. pe D properly INK supplied. pe UNFADING may that 80 terms, nformation OF

### PLACE OF DEATH 6324 state Very SICIANS should OCCUPATION IS County. 10(0 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCEO (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE if LESS than f day, .....hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) -----State or country) Secondary NAME OF FATHER (Signed) 0 back ARENTS 11 BIRTHPLACE (Address)... OF FATHER (State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. EATH in plair e instructions OF MOTHER 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ..... yrs. ..... \_\_ mos. ... \_ ds. Where was disease contracted. THE ABOVE IS TRUE TO MY KNOWLEDGE See If not af place of death? Former or Every Item CAUSE OF Important. usual residence. 15

If more blanks are needed, address State Registrar, 6 E. Frankliu St., Balto, Requesting V. S. No. 1.

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred is a hospifal or Institution, give its NAME lustead of sfreet and number.]

(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date atated above, a (Duration) \*State the DISEASE CAUSING DEATH, or, in daths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the State ..... yrs. \_\_\_\_ LACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvanl, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or Al home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Antomobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (relired 6 yrs.) For persons (b) Cotlon mill; (a) Salesman, return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Iverperal seplichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the denl; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonilis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallgtclanus) may be stated under the head of "Semile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



### PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

No. 1.

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B.

### 1 PLACE OF DEATH 6295 ann

### STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty Clery	Registration Dist, No
Village or City Chlark (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SUNCLE, MARRIED, WIDOWED. OR DIVORCED (Wintig the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17 9   I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	1914, to 7/12, 1914, that I last saw hister alive on 7/1/1, 1914.
TAGE    if LESS than 1 day,hrs.	and that death occurred on the date stated above, at 330 pm. The CAUSE OF DEATH* was as follows:  Acute Could Chymalous Neffetts
(b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory Missers acthera 4 Secondary Description Review Grant
OF ATHER Shu Greeters  10 NAME OF Shu Greeters  11 BIRTHPLACE OF FATHER (State or country)  2 Maiden NAME OF OF MOTHER OF OF MOTHER	(Signed)
of MOTHER Magaret Nolway  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos, ds. Where was disease contracted, if not at place of death?
(Address) Mast - 211	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Trast Rung 1/11 15 1914
Flied	20 UNDERTAKER ADDRESS  TO CO Description St. Viole Description of the Property

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertalued as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as Brouchopmeumonia (secondary), 10 ds. Never report ture of the American Medical Association.) deut; Revolver around of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-



V. S. No. 1.

### RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE ahould be

of information should be carefully aupplied. AGE ahould be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important. S N. B.

Village or City Canada (No. 331, 4	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [it death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH  4 COLOR OR RACE  SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  (Month)  (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended decessed from Cheer to grow 191 to that I isst saw here alive on May (1914)
TAGE  (Math)  (Day  (Year)  (1 test)  (1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at // 30 a.m. The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which amployed (or employar)  **BIRTHPLACE** (State or country)	Contributory Guration 7 yrs mos ds  Georgiany  Contributory Guration 7 yrs mos ds
10 NAME OF FATHER A HALL  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place in the of death yrs, mos, ds. State yrs, mos, ds  Where was disease contracted, if not at place of death?  Former or usual residence.
(Address) tassaulcaglasus Mills  16 1-1914  191  191  191  191  191  191  1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of dcath), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 4 1914
BUREAU, V.S.

02 ·

state very	PLACE OF DEATH	STATE OF MARYLAND
	County all sandy	CERTIFICATE OF DEATH  Registration Dist. No.
HYSICIANS should	Village or City Canal 3 Land (No.19.7.1., L	St.; Ward)  [If death occurred is a hospital or institution, give its NAME iostead of street and number.]
nt p	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	3 SEX 4 COLOR OR RACE MARRIED, MODULO OR ON	(Nonth) (Day (Year)
be stated fled. Exac	Month (Day (Year)	hay -24, 1914, to July -8-, 1914, that I last saw hately allve on July - 6-, 1914
should iy classi	7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
fully supplied. A	(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)	Contributory (Duration) Zyrs mos ds.  (Ouration) Zyrs mos ds.
nation should be care in plain terms, so tha uctions on back of cer	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER  13 BIRTHPLACE	(Signed) (Address) (Address) (N. D. ) (Address) (Address
Every Item of Inform. CAUSE OF DEATH IN Important. See instru-	OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	At place of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
N. B.—Eve CAI Imp	HEGISTRAR  If more blanks are needed, address State Regis	20 UNDERTAKER ADDRESS traf, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekccpcrs fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, perifonaeum, etc., Carcin-

injury, as fracture of skull, and consequeuces (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated uulcss important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for



V. S. No. 1.

N. B.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD

1 PLACE OF DEATH  Gounty Allegany  Village or Gity Cumberland No. 77.	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist, No.  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	Alonth) (Day (Year)  17 / HEREBY CERTIFY, That I attended deceased from
Dec 25 (Month) (Day (Year)	that I last saw h ma allve on Inc. 14, 1914,
7 AGE  66 yrs. 6 mos 19ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. pmos. 6 ds.
9 BIRTHPLACE (State or country) Mod "	Secondary  Outation  Outat
10 NAME OF Jacob F. Harrison	(Signéd) Sharf firmfriest, M. D.
11 BIRTHPLACE OF FATUER (State or country)  12 Mainten NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
of Mother Mary C. Portofeed  13 BIRTHPLACE OF MOTHER (State or country)  Well  19	At place of deathyrs mos. 5 ds. State yrs, mos ds
(Intermant) The above is true to the best of My knowledge	Where was disease contracted, 404 areh African Former or usual residence. 404 areh African St.
(Address). A City of the Filed 16 1914, 191 ACC ACC REGISTERS	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UND RTAKER  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St.,

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scirvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For Vio-



e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT A UNFADING INK-THIS IS -Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mimportant. See instructions on back of certificate. WRITE PLAINLY, WITH N. B.

1 PLACE OF DEATH County Mil

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

-St.;Ward)	[If death occurred to a hospital or Institution.
	give its NAME instead

FULL NAME Farmie Try	ia Hallennum a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDINORCEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I strended deceased from
© DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I sttended deceased from July 3 1914, to July 8 1914 that I last saw here alive on July 8 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5 P m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, er particular kind ef work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER  12 Malleman  12 Maiden NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 Malleman  15 Malleman  16 Malleman  17 Maiden NAME OF MOTHER (State or country)	(Signed)
(Informant)  (Address)  (Address)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residence.  The place of Burial or Removal  Date of Burial  20 Undertaker  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or Industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulcated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "(Troup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Mara" genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-Bronchopneumonia (secondary), 10 ds. Never repor-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT EXACTLY. classified. P THIS properly supplied. pe UNFADING may certificate. carefully that 20 of WITH terms, n back pinou uo PLAINLY, plain instructions Information 드 DEATH WRITE P Item OF Every Item CAUSE-OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No... Ilt death occorred in St .:....Ward) a hospital or Institution. give Its NAME instead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, Clean MARRIED. 7 (Month) (Year) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw her slive on !! Month (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: ... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At niace In the OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_ Where was disease contracted. 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death? Former or (Interment) usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) ... 15 20 UNDERTAKER ADDRESS Filed THE REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Bano., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mailgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



RECORD

Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.-

1 PLACE OF DEATH 633 Allegany



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Village or City Cumberland

Fatette St., St.; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

### MADITIDA HETM

PERSONAL AND STATISTICAL PARTICULARS		CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
emale	*COLOR OR RACE White	Single, MARRIEO, WIDOW ORDIVORCED (Write the word)	16 DATE OF DEATH  July  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
ATE OF BIRT	Н		May 2 , 191 4, to July 18 , 1914
	March (Month)	/	6 that I last saw her alive on July 18 ,191 7
3E 	38 yrs 4	1 6 1 day,	- I am that death occurred on the date stated above at
			- I wome varreum weary or conse
(b) General nature of industry, business, or establishment in None which employed (or employer)		None	Som William (Duration) 2 yrs. mos. ds
RTHPLACE (State or cou	ntry) Penna	•	Gontributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER George Allbright		Allbright	(Signed) FW Fochtman, M. D.
11 BIRTHPLACE OF FATHER (State or country) Penna.  12 MAIDEN NAME OF MOTHER		na.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Sarah Eckenberger		n Eckenberger	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Penna.		Penna.	At place In the of death yrs mos ds. State yrs mos ds
HE ABOVE IS			Where was disease contracted, If not at place of death?
(Address) Cumberland, Md.,		nd, Md.,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
JUL 21 1914, 191 MACHETON REGISTRAR		Artloh	Sts.Peters & Pauls July 20, 1914  20 UNDERTAKER LOUIS Stein City
	CCUPATION Trade, profession ticular kind of we General nature of employed (or emplo	emale White  ATE OF BIRTH  March  (Month)  ATE OF BIRTH  ATE OF BIRTH  (Month)  ATE OF SITE OF NONE  General nature of industry, ness, or establishment in chemployed (or employer)  ATHPLACE (State or country)  Penna  10 NAME OF FATHER (State or country)  Penna  11 BIRTHPLACE OF FATHER (State or country)  ATE ABOVE IS TRUE TO THE BEST  (Informant)  Mrs. Willia  (Address)  Cumberla	March 3 , 182  March 3 , 182  (Month) (Day (Year)  March 5 (Month) (Day (Year)  March 6 (Month) (Day (Year)  March 7 (Month) (Day (Year)  March 8

[Approved by .U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yis.) For persons material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

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V. S. No. 1.

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(Address).

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16

County GLL Village or City	Cumberland (No. 139	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	DNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 <sub>8EX</sub>	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  July (Month) (Day (Year)  17  I HEREBY CERTIFY, That I attended decases of from
TAGE  OCCUPATION  (a) Trade, profession, particular kind of wo	Month) (Day (Ye (Ye ) If LESS 1 day, OR m	than and that death occurred on the data stated above, st
(b) General nature o business, or establi which employed (or o	Ishment in	(Ouration) yrs mos / ds
12 MAIDEN OF MOT	ACE (See Ace HER ACE H	Contributory Secondary  (Signed) (Signed) (Address) Court for low VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR GEATH STREET, OR GEAT

If more blanks are needed, address State Registrar, & E. Franklin St. Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence

20 UNDERTAKER

OR REMOVAL

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekcepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimatcrial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Never return "Laborer," "Foreman," If the occupation has As examples:

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nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tctanus) may be stated under the head of Mcastes (disease causing death), 29 ds.; (Recommendations on statement of



No. 1. ů

N. B.

PHYSICIANS should state RECORD Ifem of information should be carefully supplied. AGE should be stated EXACTLY. YE OF DEATH in plain terms, so that it may be properly classified. Exact statement tant. See instructions on back of certificate. PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE CAUSE OF Important.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

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of the	Registration Dist. No.
Village or City Ossan (No	St.; Ward) [If death occurred in a hospital or institution,
*FULL NAME Dus. Grace Man	quet Seland of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the WORFFLAMME)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH  (Month) (Day (Year)	July 1913, to July 2.3 1914, that I last saw here alive on July 2.3 1914
7 AGE  3 9  yrs 6 mos 5 ds OR mln.?	and that death occurred on the date stated above, at 10,556 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) / yrg. mos. ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary  (Duration) yrs mos ds.
10 NAME OF Benjanin Ratthews	(Signed) Charlotte B. Gardner, M. g.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIN MANE OF MOTHER  12 MOTHER  14 OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) West Virginia	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.  State yrs mos ds
(Informant) Designation Matthers	Where was disease contracted, If not at place of death?
(Address) Toyung agrove, Ill.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  WANTED TO THE STATE OF BURIAL  20 UNDERTAKER  ADDRESS

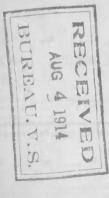
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### BINDING FOR ERVED FB C MARGIN

PHYSICIANS should state of OCCUPATION is very RECORD classified. properly pe UNFADING may certificate. 0 WITH back terms, plain Instructions Information 5 of Infor Item OF mportant.

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Every

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STATE OF MARYLAND

1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in -Ward) a hospital or institution. give its NAME instead ot street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED. WIOOWED. (Month) (Day Write the I HEREBY CERTIFY. That I attended deceased from 191.-/..., to... that I last saw harmalive on ..... (Month) (Year) (Day 7 AGE if LESS than and that death occurred on the date stated above, at ... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade profession, or particular kind of work (b) General nature of Industry business, or establishment i which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. .... mos. ... State \_\_\_\_\_ yrs. \_ Where was disease contracted. MY KNOWLEDGE If not at place of death? ..... usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foremar," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis napt peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated upless important. Exture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of



state Very should In OCCUPATION PHYSICIANS RECORD PERMANENT XZ supplied. UNFADING 0 back instructions plai DEATH WRITE OF mportant, Every Its

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in (No.... St.:...Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE, MARRIEO, (Month OR OLVORGEO DATE OF BIRTH (Month) (Day (Year) TAGE If LESS Than 1 day, .....hrs. OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Secondary 10 NAME OF (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place In the OF MOTHER (State or country of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. Where was disease contracted. If not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Ema seriel 16 30 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Taberentesis of lungs, meninges, peritonaeum, etc., Carein-

theuia," "Auaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping congh; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



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[Approved by U. S. Census and American Public Health Association.]

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1914 BEARLAGA S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No. 1.

County Allegary, 6337	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Barton (No. 1)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Mingle, wishers, or privaces (Write the word)	18 DATE OF DEATH July (Month) (Day), 1914,  17 June 1 HEREBY CERTIFY, That I attended deceased from  23, 1914, to July 1914,
AGE (Month), (Day) (Year)  AGE   If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at P. m. The GAUSE OF DEATH* was as follows:
(a) Frade, profession, er particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or empleyer)  BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF James Mirk  11 BIRTHPLACE OF FATHER (State or country) Allegary Co,  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Allegany 6.  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant) KINCH TO THE STATE TO THE STATE OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if oot at place of death?  Former or usual residence.
Flied July 2 m, 1914 Sa. Buscher REGISTRAR  If more bianks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL  Morrison's Centrally & fully 7, 191 7.  20 UNDERTAKER  D. B. Boal  R. 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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AUG 5 191 BUTH YU. V.S.

V. S. No. 1.

N.B.

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### STATE OF MARYLAND CERTIFICATE OF DEATH

Coi	unty All	egany		(10	Registration	, ,
Viil					Wineow St. st.; wa	rd)  [If deeth occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	ONAL AND STATISTIC	AL PARTICUL	ARS	MEDICAL CERTIFICATE	OF DEATH
3 SE	ile	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the we	Married ord)	16 DATE OF DEATH  (Month)	(Day (Year)
6 D/	ATE OF BIRT	Н			14.	0 0 174 11
		April (Month)	17 (Day	, /853 (Year)	that I last saw ham alive on	Jely 1 1 191 X
TAG	. 6	1 yrs 3	nos. 2 ds.	If LESS than 1 dayhrs.	and that death occurred on the date sta The CAUSE OF DEATH* was as follow	
(a) par (b) bus	CCUPATION Trede, profession ficular kind of w General nature iness, or estab ch amployed (or	ork TA1	lor	•••••	Chrone Interded neplute (Ouration)	10 yrs mos ds.
-	RTHPLACE (State or cou	intry)	itzerlan	d	Contributory Secondary (Duration)	Leguer latin
	10 NAME O FATHER		Know		(Signed) R Q	M. D.
PARENTS	OF FAT (State of	LACE HER II or country)	11		*State the Disease Causing Death Causes, state (1) Means of Injury	, or, in deaths from VIOLENT
PAR	12 MAIDEN OF MO	NAME THER II	11	٠	18 LENGTH OF RESIDENCE (FOR HOSPIT	
	13 BIRTHPL OF MOT (State of	ACE HER or country)	11			he yrs mos ds
		s TRUE TO THE BES		LEDGE	Where wes disease contracted, If not at place of death?  Former or usual residence.	
16 JF		Oumberland	1, Md.,	LT), REGISTRAR	Sts. P. & P. Cem.  20 UNDERTAKER  LOUIS Stein	7/22-14 191 ADDRESS

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact ststement

stated EXACTLY.

AGE should be

carefully supplied.

DEATH in plain terms, so that it man See instructions on back of certificate.

of information should be

CAUSE OF Important.

N. B.-

V. S. No. 1.

1 PLACE OF DEATH

633



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[It death occurred is a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	EX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY CERTIFY. That I attended decreased from
B D	ATE OF BIRTH  September 18 18 18 18 18 18 18 18 18 18 18 18 18	May 9, 1914, to July 29, 1914.
TAG		The CAUSE OF DEATH * was as follows:
(a)	CCUPATION ) Trade, protession, or ricular kind of work.	aline wat
bus	General nature of industry, siness, or establishment in ich empioyed (or empioyer)	(Ouration)
9 81	(State or country)	Contributory Secondary  Ouration)yrs
S	10 NAME OF FATHER SUIZ GELLENS	(Signed) Andress Conclusion M. D.
ARENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) / Start Star	Where was disease contracted, if not at place of death?  Former or usual residence
15	(Address) Upsillars 346d	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  At Kilfrey Md 41431, 1914
FII	es 1438, 1914 A Delicetto	20 UNDERTAKED ADDRESS

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Agc," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.-It death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, MERCEN WIDOWED, (Mon h) (Day) ORGIVORCEG I HEREBY CERTIFY, That I attended deceased from (Month (Day) It LESS than 7 AGE and that death occurred on the date stated above, at t day, .....brs. The CAUSE OF DEATH \* was as follows: OR .... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work .... (b) Deneral nature of industry, business, or establishment in which ampioyed (or ampioyer) ..... State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ...... yrs. ..... mos. ..... ds. State Where was diseaso contracted. 14 THE ABOVE IS TRUE TO it not at place of death?.... Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative dealthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." schsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage. as "l'oerperat scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senlie." etc.), "Dropsy," "Exhaustion," "Haart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mails (Recommendations on statement of (name origin; "Can death), 29 ds. Examples:



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### STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Lif death occurred in a hospital or Institution. give its NAME Instead of street and number. I MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, Month) (Day (Year) ORDIVORCED (Write the word I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than 1 day,....hrs. BOCCUPATION (a) Trade, profession, or Darticular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State .... yrs \_\_\_\_ mos. Where was disease contracted. If not at place of death?..... usual residence. 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis aant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acei such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ANG 4 1914 BEFREAULY.S. Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLAINLY, WITH UNFADING INK-THIS WRITE

S. No. 1.

N. B.-

1 PLACE OF DEATH



### STATE OF MARYLAND

County accessor 6342 15	CERTIFICATE OF DEATH
/outility	Registration Dist, No. / D
Village or City W. Jerray (No	St.; Ward)  [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year)  THEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	1914, to 1914, that I last saw him alive on 1914
7 AGE    If LESS than 1 day /hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of industry.	Physics
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary  (Revealed)
10 NAME OF FATHER Wayne Lashley 11 BIRTHPLACE	(Signed) (Si
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER 4	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Labelle Zynch  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (INformant) 24 Contract Co	Where was disease contracted, if not at place of death?
(Address) Wangehad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed July 1914 J. a. J. hum Jun	20 UNDERTAKER Bernell Williams

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

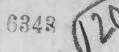
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mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehacctc., when a definite discase can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Hacmorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 AGE should be UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that, it man See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s important.

1 PLACE OF DEATH





### STATE OF MARYLAND CERTIFICATE OF DEATH

County Mally Manny	12
Village or City Darlox (No	Registration Dist. No. [If death occurred to a hospital or institution,
FULL NAME BLANDL LOWE	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale White (Write the word)	(Month) (Day (Year)  17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day (Year)	that I last saw h a slive on Graffy 9, 1914,
7 AGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was so follows:
(a) Trade, profession, or particular kind of work  (b) General nature of Industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Disanse Allan Austra
10 NAME OF FATHER BEN W. Laymen	(Signed) (Doratioo) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 Mail OF MOTHER OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Western how had	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) AND LOY ME KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Cours	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS
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V. S. No.

N. B.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiapplies to each and every person, irrespective of agc. cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first fine will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: geuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vioetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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Village or City

PARENTS

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11 BIRTHPLACE

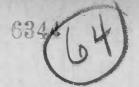
12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) ....

OF FATHER (State or country)



(No ...

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;	W	ard
------	---	-----

[It death occurred in a hospital or institution, give its NAME instead

FULL NAME I ward Lease	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY. That Lattended deceased from
Month) (Day (Year)	that I last saw h Man alive on Saley 7 191 191 191 191 191 191 191 191 191 1
7 AGE  1 If LESS than 1 day,hrs.  ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work	- Cerebral Hymrashega
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 9 kpms mos ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary (Duration) yrs mos ds.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

(Address)

18 LENGTH OF RESIDENCE (FO	RF	HOSPITALS, INS	TITUTIONS	TRANSIEN	TS
At place of death yrs, mos	ds.	In the State	yrs	mos.,	d

If not at place of death?

Former or usual residence

19 PLACE	OF BURIAL OR REMOVAL	Ī
845	Cemelena	

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If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Consus and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Iuanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 4 1911

PHYSICIANS should RECORD PERMANENT EXACTLY. BINDING stated classified. should a properly AG supplied. ESERV O UNFADIN that 00 ARGIN terms, should plain Information -DEATH Jo

certificate.

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Item Every Item CAUSE OF Important.

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OCCUPATION

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred la -Ward) a hospital or institution, give Its NAME Instead of street and nomber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, 1914 WIDDWED, Month) (Dav (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of industry, business, or establishment in Duration) which employed (or employer) ...... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS MY KNOWLEDGE It not at place of death?. Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) ----15 20 UNDERTAKER ADDRESS Flied REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Barto

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-. Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is icss definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Seuilc," etc.), "Dropsy," "Exhaustion," Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)



of OCCUPATION IS Instructions plai DEATH OF mportant. Every

### 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or institution. give Its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month I HEREBY CERTIF That I attended deceased from DATE OF BIRTH (Month) (Day (Year 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follow OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER (State of country) \*State the DISEASE CAUSING DEATH, or, in deaths from YIOLENT Causes, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERE avue hen on a crow 13 BIRTHPLACE OF MOTHER (State or country State ..... yrs. \_\_\_\_ mos. .... Where was disease contracted, If not at place of death? DATE OF 15 ADDRE: REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retlred from business, that fact may be iudi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debillty" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustiou," nant neoplasms); Measles; Whooping cough; Chronie sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avold use of "Tumor" for mallgoma, Sareoma, etc., of..... (name orlgin; "Cancause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report Ex-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT classified. 0 THIS properly supplied. be UNFADING may that 80 WITH terms. pino PLAINLY plain information 5 DEATH 0 Item OF

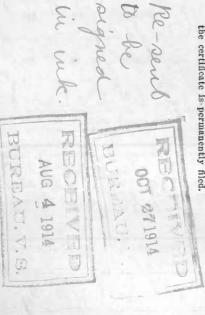
STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 5 SINGLE, 16 COLOR MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day (Year) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than f day ......hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) .... certificate. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER of back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. uo 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSJITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE See If not at place of death? Former or 11 usual residence. mportant. Every Ite REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDAESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speciŝtatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Colton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphlheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

ciilldbirth or miscarriage as "Puerperal septichaeample: Meastes (disease eansing death), 29 ds.; nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERIPERAL perilonitis," etc. State cause for canse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhanstion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstilial nephrilis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated nuder the head of injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failnre," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of



V. S. No. 1.

2

PLACE OF DEATH COAR	STATE OF MARTLAND
01/200	CERTIFICATE OF DEATH
County 9 Lefau	Registration Dist. No.
Village or City massing (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Bridget - Calin	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single,  MARRIED Marries  Widowes Corp.  Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
DATE OF BIRTH	1 HEREBY GERTIFY, That I attended deceased from 1913, to July 1914.
(Month) (Day (Year)	that I last saw have alive on July 10, 1915
7 AGE If LESS than	and that death occurred on the date stated above, at 1245 A.m.
5-9 yrs mos ds. 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or Asserted	D Server december
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duratioo) C yrs. mos. ds
9 BIRTHPLACE (State or country) Politsville Pa-	ContributorySecondary
10 NAME OF	(Signed) Across Q Bells A. M. D.
on 11 BIRTUPLACE OFFATHER	July 12, 1914 (Address) Conspining
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Wolent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
19 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs, mos ds. State yrs, mos ds
4 THE ABOVE THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
- (Informant) / May fee De Connells	Furmer or usual residence
(Address) & maxery high	It Marys Cernetery July 13, 1914
Fleedrely 12, 1914 Jo Bullson	20 UNDERTAKER ADDRESS
REGISTRAR	Il Ecolholm Consans

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

CTATE OF MADVIAND

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the honsehold only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits cau be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," The question "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septiehaemns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Contheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all discases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhanstion," Never report cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

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### STATE OF MARYLAND

County ausgarage	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Control of No. 111 /1	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 1 4 COLOR OR RACE 5 SINGLE, MARRIED, Laboured WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
* DATE OF BIRTH  (Month) (Day (Year)	that I last saw has alive on July 12 1914
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Red Free & Lucilla Secondary
10 NAME OF FATHER JASHAY WILLOW  11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Some of the state of
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	ot death yrs mos ds. State yrs mos ds  Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Cumples I Broadrup  16 REGISTRAS	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  SULFY 15, 1914  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U.S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons cases, especially in industrial employments, it is necwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report For vio-



7. S. No. 1.

### OCCUPATION IS PHYSICIANS classified. pe UNFADING ATH in plain instructions DEAT WRITE OF Important. Every

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:---Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, Marri 16 DATE OF DEATH WIDOWED. ORDIVORGED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day .....hrs. .....ds. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER of FATHER (State or country) 2191 4 (Address) 1011 PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHFLACE OF MOTHER (State Propaga f place in the of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_ mos. \_ Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKEN ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeeause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomeuclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Contributory." by earbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



STATE OF MARYLAND state Very CERTIFICATE OF DEATH CSICIANS should OCCUPATION IS Registration Dist, No PHYSICIANS [If death occurred in RECORD a hospital or institution, give its NAME instead of street and oumber.] 2FULL NAME statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 4 COLOR OR RAGE S SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, BINDING (Month (Day (Year) (Write the word) Exact I HEREBY stated 6 DATE OF BIRTH classified. that I last saw here alive on (Month) (Day (Year) TAGE tf LESS than and that death occurred on the date stated above, a 1 day ......hrs. OR ..... min. ? properly BOCCUPATION (a) Trade, profession, or ESERVED particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory carefully # (State or country) Secondary that (Quration) 10 NAME OF FATHER 80 0 MARGIN be back terms, ARENTS 11 BIRTHPLACE should OF FATHER (State or country) \*\* tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 0 CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain EATH in plain OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) WRITE Where was disease contracted OF MY KNOWLEDGE of I DE if not at place of death? Former or Item Every Item CAUSE OF Important. usual residence 19 PLACE OF BURIAL DATE OF BURIAL (Address) 15 . 191.4 20 UNDERTAKER APPRESS REGISTRAR If more blanks and needed, address State Registrar, & E. Franklin St. W S. No. 1.

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The question

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin

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V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH 6377	STATE OF MARYLAND					
Col	inty allegany Con	CERTIFICATE OF DEATH					
	All	Registration Dist. No.					
Village or City Current Rank (No							
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
3 5 5		16 DATE OF DEATH					
2	Male White (Write the word)	(Mooth) (Day (Year)					
6 D/	ATE OF BIRTH	July 10, 1914, to July 27, 1914					
	(Month) (Day (Year)	that I last saw h maralive on July 25 , 1914					
7 AC	if LESS than 1 dayhrs.	and that death occurred on the date stated above, at 7. 34. A.m.					
	yrs e mos as os or min.?	The CAUSE OF DEATH* was as follows:					
(a)	Trade, profession, or Horchand	That failure					
(b) bus	General nature of Industry, ness, or establishment in ch employed (or employer)	(Doration) yrs. mos // ds.					
9 B I	RTHPLACE (State or country) Bedford G. Pa.	Contributory Secondary  (Doration) yrs mos ds.					
	10 NAME OF James Hattingly	(Signed) Le Ferro Francisco M. D.					
PARENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violett Catses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.					
PAR	12 MAIDEN NAME albright	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
	13 BIRTHPLACE OF MOTHER (State or eountry)	At place in the ot death yrs mos ds. State yrs mos ds					
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?					
	(informant)	usual residence					
15	(Address). If Called the for	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL					
	JUL 2819141 ACCUSTOR	20 UNDESTAKER School County of					
	If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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valvular heart disease; Chronie interstitial nephritis. nant peoplasms); Meastes; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



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PHYSICIANS should of OCCUPATION IS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Dav OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) ... FATHER S 191.4. (Address) 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place O ds. OF MOTHER (State or country) State ..... yrs, Where was disease contracted 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? usual residence OR REMOVAL DATE OF BURIAL 2,191 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Hequeting X. S. No. 1

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[Approved by U. S. Census and American Public Health Association.]

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PLACE OF DEATH	6358	(10)
County Conty Contain	h. (No.	U

#### STATE OF MARYLAND

County Clly	CERTIFICATE C	F DEATH
	Registration Di	st. No.
Village or City Ecklack (No. 2)	iam Megle	Elf death occurred in
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month)	(Day (Year)
Month) (Day (Year)	that I last saw h 444 alive on 744	(Ly 16 , 1912,
7 AGE  19 yrs 6 mos 14 or min.?	and that death occurred on the date state The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or R R Eugineer  (b) General nature of Industry,	Muja Veguege	-alian .
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Secondary Fall France	
10 NAME OF Pacob Meigle	(Signed) X S X X	yrs mos ds.
11 BIRTHPLAGE OF FATHER (State or country)  12 Maintenance OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, o	
of Mother Mayaret Simpson	*State the DISEASE CAUSING DEATH, O CAUSES, State (1) MEANS OF INJURY; a TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS	
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State	yrs mos ds
(Informant)	Where was disease contracted, If not at piace of death?  Former or usual residence	
(Address) 4085. Jeckson & Noch	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed191	20 UNDERTAKER	ADDRESS
REGISTRAR	Dourst	nother no

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, cte. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenreral peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) totanus) may be stated under the head of Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



V. S. No. 1.

#### N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WRITE

RECORD

PLACE OF DEATH	STATE OF MARYLAND
County allegany 6354 (4)	CERTIFICATE OF DEATH
In .	Registration Dist. No. 12
Village or City Malione (No	St.; Ward) [It death occurred in a hospital or institution,
5/-11	give its NAME Instead
2FULL NAME William No	Plane of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Thele Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH July 2, 1914 (Month) (Day (Year)
6 DATE OF BIRTH 701	17 I HEREBY GERTIFY That I attended deceased from func 20, 1914, to July 1, 1914
(Month) (Day Kear)	that I last saw h (200 allve on Fully / 1914
(Month) (Day (Year)	and that death occurred on the date stated above, at A m
7 3 10 1 day,hrs.	The GAUSE OF DEATH* was as follows:
occupation yrs mos os or min.?	B 1'
(a) Trade, profession, er particular kind of work	Fronchelis -
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs) mas dis
9 BIRTHPLACE (State or country) Notional Md	Gentributory hooping Buy
10 NAME OF /	ff (Dyration) yrs mos ds
FATHER James J. Nolan	(Signed) HA Rayles, M.D.
11 BIRTH LACE OF FATHER (State or country on acomy Md	Jeely 2, 191 & (Address) Mc dlawr (MIs
(Stafe or country on acomy MC)  12 MAIDEN NAME ( )	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother College & Kirky	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	ON RECENT RESIDENTS) At place In the
OF MOTHER (State or country) OCKLAIL NIC	ot death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mor Japan	Former or usual residence
(Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 11(1)	Midland Md July 3 1914
Filed July 2, 1914 TH Charles	20 UNDERTAKER ADDRESS
REGISTRAR	Wildren O seen Augenance 11

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



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certificate. 50

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should OCCUPATION PHYSICIANS RECORD PERMANENT EXACTLY. classified. 4 should THIS properly AGE INK suppiled. pe UNFADING may carefully PLAINLY, (WITH pe DEATH in pialn terms, See instructions on back should of information WRITE 9 Item important. Every Ite

#### 1 PLACE OF DEATH 6355 PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 4 COLOR OR RACE WIDOWED, (Write the word) DATE OF BIRTH (Month) (Day 7 AGE If LESS than 1 day hrs. 0 OR ..... min. ? mos.....ds. 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishmenf in which employed (or employer) ... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

15

#### STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

St.;Ward)	a hospital or institutio	
,		
	give its NAME instead	

of street and number.

ADDRESS

16 DATE OF DEATH	7-	19	1914
***************************************	(Month)	(Day	(Year)
1/	Y CERTIFY, Tha		
	914., to	1./	
that I last saw h.A.M. al	live on 71	en	191
and that death occurred	on the date stat	ed above, at	230/2m
The CAUSE OF DEATH*	was as follows		
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Atul s	mi -	Dulma	use
	************************	8487 do 0000 0 hords s s <b>1448 cu</b> lturas s	*****************
	(Duration)	yrs	. zb . zom
Contributory Pal	ernal.	A. co	7
Secondary			/
	(Ouration)	yrs	e_mosds.
(Signed) Tip H	Milza	iii.	. м. р.
7/30 ,1914 (	(Address) Ee 12	Kait	med
*State the DISEASE C CAUSES, state (1) MEA			
TAL, SUICIDAL, OF HOMI	CIDAL.	and (2) whe	ther Acciden-
18 LENGTH OF RESIDEN OR RECENT RESIDENTS	CE (FOR HOSPITA	LS, INSTITUTION	S, TRANSIENTS
At place	In the	9	
of death yrs mos.	ds. Stat	e yrs,	mos ds
Where was disease contracted, If not at place of death?			
Former or			
usual residence	******************		************

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 prs.) For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Never return "Laborer," If the occupation has "Foreman," (4)

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nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "I'UERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-(Recommendations on statement of



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	HTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statemen
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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .... If death occurred to St.:....Ward) a hospital or Institution. give its NAME instead of street and oumber. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. (Month) (Day) **GROWORCED** (Write the word I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day ... 7... hrs. OR ..... min. ? SOCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed). 11 BIRTHPLACE . 191 (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ... State ..... yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE If not at place of death? Former or

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

REGISTRAR

usual residence

20 UNDERTAKER



[Approved by U. S. Census and American Public Health' Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," 6

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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V. S. No. 1.

N. B.

	PLACE OF DEATH	STATE OF MARYLAND
Coun	tyalligary 5357/h	CERTIFICATE OF DEATH
ooun		Registration Dist. No.
Villag	es or City Camberland (No. 10)	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH  (Month)  (Day  (Year)  17    HEREBY CERTIFY, That I attended deceased from
6 DAT	May 30 , 1 % 4 % (Nonth) (Day (Year)	that I sat saw how silve on Miles 27 1914
TAGE		and that death occurred on the date stated above, at 7 m. The CAUSE OF DEATH* was as follows:
(a) Tra partice (b) Ge	ade, profession, or at Itanat  where the stablishment in	Culmonary onterwesis
which	employed (or employer)	(Ouration)trsmosds.
9 BIRT	tate or country)  Man	Contributory. Secondary
	ONAME OF FATHER OPCOMPENS	(Signed) (Si
ARENTS	1 BIRTHPLACE OF FATHER (State or country)  Mass	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMOGRAPH
PAR	2 MAIDEN NAME OF MOTHER POR MONGOOM	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
1	3 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs, mos ds
9	TOTAL POST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
16/1	(Address) Tournely sulpand	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  PLACE OF BURIAL  20 UNDERTAKER  ADDRESS

REGISTRAR

If more blanks are needed, address State Registran 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS

WRITE

PLACE OF DEATH

6358

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 4
		/

St.: .Ward)

[If death occurred in a hospital or institution

	FULL NAME Virginia Rano	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je Je	4 COLOR OR RACE 5 SINGLE, MARRIEO, Surgle Wiroweo, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17)  I HEREBY CERTIFY. That I attended deceased from
7 AC	2 // 1 day,hrs.	that I last saw have allve on frequency at 6, 30 m.  The CAUSE OF DEATH* was as follows:
(a) par (b) busi	yrs	Marshora & Enterlis (Buration) O yrs. O mos. J ds.
9 81	RTHPLACE (State or country)  Local	Gontributory Dasms Secondary (Duration) yrs mos 46 ds.
PARENTS	10 NAME OF FATHER BEN Randalles  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME O	(Signed) (Address) C
	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs, mos ds  Where was disease contracted,
	(Interment) Ben Randallis	If not at place of death?
16 FII	(Address) Farty To Page 1811 Page 18	Pase (till Cere Mulia), 19ff  20 UNDERTABLER  ADDRESS
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nuus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senile," etc.), "Dropsy," "Exhaustion," is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of State cause for



BINDING FOR RESERVED MARGIN

> No. 20

PHYSICIANS should state of OCCUPATION Is very RECORD Exact statement PERMANENT EXACTLY. stated properly classified. be should AGE carefully supplied. may be UNFADING certificate. that It 80 0 WITH be on back of information should b DEATH in plain terms. PLAINLY See instructions WRITE CAUSE OF Important. S

7 AGE

PARENTS

15

BOCCUPATION

(Address)

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in Ward) a hospital or institution, give its NAME Instead of street and number. ] FULL NAM PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) TE OF BIRTH (Month) (Day (Year)

If LESS than

1 day ......hrs.

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	30 , 191
(Monda)	(Day (Year)
Tuly 28 1914 to	t I attended deceased fro
that I last saw heard, allys on	0. 1-30
	1915
and that death occurred on the date state	
The CAUSE OF DEATH* was as follows:	10 B
Justio - 24	kerdis
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	10
(Duranon)	yrsmos././
ContributorySecondary	· · · · · · · · · · · · · · · · · · ·
(Boration)	Yrs
(Signed) - Gall and - Add	We MAP H.
7/31/14,191 (Address )	Mulmul, ka
	or in deaths from These
*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	and (2) whether Accide
18 TENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	S, INSTITUTIONS, TRANSIENT
At place In the	
of death yrs. mos. ds. State	yrs mos
Where was disease contracted, If not at place of death?	
Former or	***************************************
osual residence	**************************************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
19 PLACE OF BURIAL OR REMOVAL  LOSA HELE CERES 20 UNDERTRICES	DATE OF BURIAL

(a) Trade, profession, or particular kind of work\_ (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) REGISTRAR Town X here If more blanks are needed, address State Registrar, 6 E. Frankiin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. ctc, when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon,"



#### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS AGE -Every item of information CAUSE OF DEATH in plai important. See instructions

1 PLACE OF DEATH

County-

6360



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No

PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  A COLOR OR RACE  PARTICULAR S  MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  16 DATE OF DEATH  17 I HEREBY CERTIFY, That I attended deceased from the date stated above, at and that death occurred on the date stated above, at the cause of particular kind of work.  B OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PRINTIPLACE  (State or country)  10 NAME OF FATHER  PARTICULARS  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day (Year)  (Year)  11 LESS than and that death occurred on the date stated above, at the cause of particular kind of work.  Carefular Country  Secondary  Contributory  Secondary  (Signed)  (Signed)  (Signed)  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day (Year)  (Month)  (Day (Year)  (Year)  (The CAUSE OF DEATH * was as follows:  (Duration)  yrs. mos.  (Signed)  (Signed)  (Signed)	Village or City Ma Pleside (No.	Registration Dist, No
OCCUPATION (a) Trade, professian, or parlicular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  Page (State or country)  Page (Signed)  A COLOROR RACE (Signed)  A COLOROR RACE (Signed)  A COLOROR RACE (Signed)  A COLOROR RACE (Might)  A COLOR RACE (Might)  A	FULL NAME George Frederic	give its NAME instead of street and number.]
MARRIED Surgle  WIDOWED Surgle  ONAHORED (Write the word)  TAGE    Month   Mon	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
** OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (a) Trade, profession, of particular kind of work (b) General nature of industry, business, or establishmeot in which employed (or employer)  **OCCUPATION (b) GENERAL REPORT (CAUSE OF DEATH ** Was as follower:  **OCCUPATION (b) GENERAL REPORT (CAUSE OF DEATH ** Was as follower:  **OCCUPATION (b) GENERAL REPORT (CAUSE OF DEATH ** Was as follower:  **OCCUPATION (c) GENERAL REPORT (CAUSE OF DEATH ** Was as follower:  **OCCUPATION (c) GENERAL REPORT (CAUSE OF DEATH ** Was as follow	- MO MARRIED, Sulle	(Month) (Day (Year)
**Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  **Soccupation**  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **SIRTHPLACE** (State or country)  **DIRTHPLACE** (State or country)  **DIRTHPLACE** (State or country)  **Contributory** Secondary  **Contributory* Secondary  **Contributory Secondary  **C	May 5 , 1914	Diadalarrol 191
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Particular kind of work (Duration)  Secondary  Contributory Secondary  Contributory Secondary  Secondary  Secondary  Signed	V II ELGG (Hall	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF GENERAL RELIGION (Signed)  (Signed)  (Signed)  (Duration)  (Duration)  (Duration)  (Duration)  (Signed)  (Signed)  (Signed)	/ / /	The CAUSE OF DEATH* was as follows:
(State of country)  10 NAME OF FATHER  Jeogle Peugle (Signed)  (Signed)  (Signed)  MORANGE OF THE PROPERTY OF	(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	Jolland by Carrels on (Duration) yrs. mos. ds.
	10 NAME OF FATHER LEAGUE REUSHILL	Secondary (Duration) yrs mos ds.
12 MAIDEN NAME (1) MEANS OF INJURY; and (2) Whether Accid	Z OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
13 BIRTHPLACE OF MOTHER (State or country)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place of deathyrsmosds. Stateyrsmos	13 BIRTHPLACE	At place In the of death yrs. mos. ds. State yrs. mos. ds
Where was disease contracted, if not at place of death?  (Informant)  (Address)  (Addres	(Address) Mapleside, Ma	Where was disease contracted, if not at place of death?  Former or usual residence.  19 place of Burlator Removal Care of
If more planks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.	Slep Loc REGISTRAR	Louis Stein City

V. S. No. 1.

WRITE

N. B.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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# WRITE PLAINLY, WITH

UNFADING INK-THIS IS

RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION is very stated EXACTLY. properly classified. AGE Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

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PARFNTS

14

18

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No.
FULL NAME Mary Kath	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  Sav - 22, 1835  (Month) (Day (Year)	that I last saw has allye on suly by 191 1/2
AGE    It LESS than   day,hrs.   occupation   or   or   or   or   or   or   or	and that death occurred on the date stated above, at
b) General nature of industry, usiness, or establishment in which employed (or employer)	(Ouration) yrs mos 3 ds.
10 NAME OF FATHER  11 BIRTHPLACE (State or country)  OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (STATE OT MOTHER	Contributory Secondary  (Buration)
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Reflection	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Jana Lander asoming	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  At Prich all Sentry Front throng Jacks 1, 181 2  20 UNDERTAKER  ADDRESS

REGISTAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

N. B.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctess of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e.g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of The nature of the State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG A 1911

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should ion is OCCUPATION SICIANS PERMANENT classified. properly pe UNFADING may certificate. # that 80 of WITH back terms, 60 plain See instructions ormation \_\_ PL of Inform DEATH OF Every item CAUSE OF Important.

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state

STATE OF MARYLAND 1 PLACE OF DEATH 6362 CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in a hospital or institution. give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED (Day (Year) (Write the word) BY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs. \_\_\_\_ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO MY KNOWLEDGE It not at place of death? ...

Former or

usual residence.....

PLACE OF BURIAL OR REMO			
Jonaconu,	1 Ma	July	8 19
20	4-1-1	11.0	

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

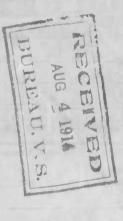
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The fication as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman, Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Caroin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or misearriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease eausing death), 29 ds.; oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



#### BINDING FOR RESERVED MARGIN

B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

allegacy 6363 1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vill	age or City Cumberland No. 1	Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME DEbroth /To	of street and numbar.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SE	unale Color or RAGE  Single, MARRIED, WIOWEO, OR ONDOORGEO (Write the word)	16 DATE OF DEATH  (FOrth)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (MALL J. 1914, to July 1.3 II. 1914.
7 A C	1 day,hrs.	and that death occurred on the date stated above, at I Pm, The CAUSE OF DEATH* was as follows:
(a) pai (b)	YES MOS OR MIN.?  CCUPATION  Trada, profession, or ricular kind of work  General nature of Industry,	Scterus
whi	iness, or establishment in chemplayed (or emplayer)  RTHPLACE (State or country)  10 NAME OF FATHER  RANGE OF FATHER	Contributory Le Manhage of Secondary The Limbellice (Overation) grs mos ds.  (Signed) Open geometric Manhage M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State of fountry)  Md.	State the DISEASE CAUSING DEATH, or, in deaths from Violett CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
	(Informant)	of deathyrs ds. Stateyrs, ds  Where was disease contracted,  If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 J U	(Address).  1 5 1914  191 Max Curton  REGISTRAR	20 UNDERTAKER Stein Stein City
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of agc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion,"



T. B. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
	111. 0304	CERTIFICATE OF DEATH
Co	ounty Megann.	Registered No.
		9
V	illage or City Ambelleurd (No. 7	Jena St; Ward) [If death occurred in a hospital or institution,
	1	give its NAME inslead
	*FULL NAME Stillborn	- + mo male Dimeter and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 6	MARKIED,	16 DATE OF DEATH UM 28 1914
1	hole While or over (Write the word)	(Month) (Day) (Year)
-		17   HEREBY CERTIFY, That I attended deceased from
0 D	ATE OF BIRTH	191 4 to 12 7 191 4;
	(Month) (Day) (Year)	that I last saw h Mrs alive on Mile Jour 191 4
7 A		and that death occurred on the date stated above, atm,
	Stillboin 1 day,hrs.	The CAUSE OF DEATH was as follows:
	yrsmos,ds.   ORmin. ?	· Musuamis
_	CCUPATION Trade, profession, or	
pai	rticular kind of work	
	General nature of industry, iness, or establishment in	(Duration) yrs. mos. ds.
	ch employed (or employer)	
9 B	RTHPLACE tate or country)	Gontributory(Secondary)
	7//02	(Deration) yrs mos ds.
	TO NAME OF SATHER	(Signed) M.D.
S	James Summars	(ml 29/ 191 4 (Address) Connection of the
ENT	11 BIRTHPLACE OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent
E	12 MAIDEN NAME	CAUSES, State (1) Means of Injury; and (2) whether Acciden-
PARI	OF MOTHER SUSUAMENTAL AND ALLES	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
I.d.	13 BIRTHPLACE 4/	OR RECENT RESIDENTS) At place to the
	OF MOTHER (State or country) W, A. Pa	of death yrs mos ds. State yrs mos ds.
147	THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	1/1/1/1/ham.	Former or
	(Informant)	usual residence
	(Address) A Mm Vilance Miss.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	- Jaw Mar Mar	cremated 1914
Fil	ed 29 170 491 MUL	20 ON DERTAKER ADDRESS
	REGISTRAR	for Aummon Coll
	If more blanks are needed, address State Registre	r, 6 E. Franklin St., Balto., Pedaesting V S. No. 1.
		o when

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia schsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichar-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfle," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples : For vio-



S. No. 1.

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N.B.

PLACE OF DEATH	STATE OF MARYLAND
allegans, (1811)	CERTIFICATE OF DEATH
Gounty County	Registration Dist. No.
VIIIage or City Weslernefor (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mule Write the word	18 DATE OF DEATH Step (Month) (Day) (Year)
8 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
July 27, 1914	that I last saw hallve on
7 AGE (Month) (Day) (Year)	
yrs	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	(Buration) yrs. mos ds.  Contributory Mary Tifley Aux To Algange 16
10 NAME OF GEO. J. Sliger	(Signed) State (Address) (Address) (Address)
OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER EMMA B. Kalkany	*State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Waryland	1.8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Informant) (Informant)	Where was disease contracted.  If not at place of death?  Former or  usual residence
(Address) Fled May 7 191 4 MM Laur Begistran	Westerright med July 2/, 1914 20 UNDERTAKER WITH Tucker Juliant
If more blanks are needed, address State Routs tron	R W Franklin St Dalta Barnerila W C av



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch. If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage. as "Purrement scotichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -A art fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mails Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of "Taemia," "Weakness," etc. (name origin; "Can State cause for Examples:



No. υż

0

ż

(Year)

If LESS than

1 day hrs. OR ..... ?

REGISTRAR

If more blanks are needed, address State Regis

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ilf death occurred in St.;....Ward)

a hospital or institution, give its NAME instead of street and number.]

l	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH July 4.1, 19174
	17 I HEREBY GERTIFY, That I attended deceased from
	that I last saw have alive on fully 11 21 1912
	and that death occurred on the date stated above, at 1-10 0 m. The CAUSE OF DEATH* was as follows:
	Chronic Bronolitis
	Contributory (Duration) Ou yra mos ds.
-	(Signed) (Duramon) yrs mos ds.  (Signed) (Address) Xerus ferrus
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Af place of deafh yrs, mos ds.  State yrs, mos ds  Where was disease contracted, If not at place of death? Former or
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	20 UNGERTAKTA LEUNIN LOURESS



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. cated thus: CAUSING NEATII, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foremau,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsious," "Deblity" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustiou," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Juanition," "Maras-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciby earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably The coutributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report



#### BINDING FOR RESERVED MARGIN

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

#### PLACE OF DEATH County Allegacy

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

VIIIage or City Westernford (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GDATE OF BIRTH  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDDWED, WIDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWE	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY. That I attended deceased from  (Day) (Year)  17  Light to 26  (1914)
7 AGE   It LESS 1han   1 day,brs.   ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Manuface (State or country)	(Duration) yrs. 4 mos. ds.  Contributory Hammelet Americk Any a
10 NAME OF FATHER Harry Slocker  11 BIRTHPLACE OF FATHER (State or country) Ferries  12 MAIDEN NAME OF MOTHER EMINA? Abrunda,	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place In the ot death
(Address) Cleslever Wo  Filed. 191 / Marks are needed, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  20 UNDERTAKER  ADDRESS  MM. Must With

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. . Never return "Laborer," "Foreman," applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the dibrable causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "l'une peral scotichaeture of the American Mcdicai Association.) cause of death approved by Committee on Nomencla. "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can-Examples:



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STATE OF MARYLAND PLACE OF DEATH state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No ... [If death occurred in a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL GERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIEO, Tuarrieo (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from that I last saw h alive on (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, att day,.....hrs. The CAUSE OF DEATH was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondar (State or country) 10 NAME OF FATHER ō back PARENTS 11 BIRTHPLACE , 19t M. (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEST CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) H 12 MAIDEN NAME OF MOTHER instructions 10 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. Where was disease contracted. If not at place of death?..... Former or usuai residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address).... CAUSE 1914 20 UNDERTAKER ADDRESS 0 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Year)

2.3 191.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal schichac-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of



N. B.

DIAIL OF	MANAGER	LAND
CERTIFICAT	E OF	DEATH
		1

Registration	Dist.	No
/ -		

1 PLACE OF DEATH

County.

If death occurred in

	FULL NAME Sevilla Be	a nospital or institution, give lifs NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
7 A	GE 36 yrs. 0 mos 21 ds. 0R min.?	that I last saw h 12 alive on the date stated above, at 10 Am, The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or ricular kind of work	of Trash
bus whi	General nature of industry, idness, or establishment in ich omployed (or employer)  IRTHPLACE (State or country)	Contributory Alexanderic Secondary
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) , M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
14 7	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease confracted, if not at place of death? Former or usual residence.
16 Fil	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  103 effecture Sully 2, 191 1  20 UNDERTAKER ADDRESS  OULS STELLE City
	The more branch are messeu, address blate negist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that act may be indi-Never return "Laborer," Farmer (retired 6 yrs.) Tor persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origiu; "Cancause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent)



•	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Canal Sax (No. 123. A	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [It death occurred le a hospital er institutioe, give its NAME instead of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SSEX  4 COLOR OR RAGE  MARRIED, MARRIED, MIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day (Year)  7 AGE  1 LESS than	16 DATE OF DEATH  (Month)  (Day (Year)  17  I HEREBY GERTIFY, That I attended deceased from Market 1 attended deceased from Market 1 attended deceased from Market 1 last saw have allva on Market 1 last saw have all last		
1 day,hrs.  ORmin. ?  CRmin. ?  CRmin. ?  CRmin. ?  CRmin. ?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was an follows:    Court   Courter   Courter		
which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15  16  17  18  19  REGISTRAR  If more blanks are needed, address State Regist	Contributory Secondary  (Oeration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Addr		
Tayon			

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), Measles (disease causing death), 29 ds., (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



state

RECORD	PHYSICIANS should
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County alls Samuel Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, MIQUES (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw haman alive on...... (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? GOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER (Signed). PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOVANIALL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ... ..... yrs. .... State Where was disease contracted. MY KNOWLEDGE if not at place of death?-Former or 10 usual residence. REMOVAL DATE OF BURIAL 15 ADDRES

REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto, Requesting &

I'lf death occurred in a hospitaj or institutioo, give its NAME instead ot street and nomber.]

(Year)

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[Approved by U. S. Census and American Public Health Association.]

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SICIANS should occupation is PHYSICIANS RECORD statement PERMANENT EXACTLY. Exact classified. properly UNFADING may certificate. that 80 jo back 6 PLAINLY Instructions plal \_ EATH 5 A Item OF Every item CAUSE OF Important. m

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Allegany Registration Dist. No Ilf death occurred in Viilage or City a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ... 191..... to. Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ...... 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) .....yrs. 10 NAME OF FATHER 11 BIRTHPLACE 7, 191 4 (Address) Celmberlana ENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. (State or country) PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ...... yrs, \_\_\_\_ ds Where was disease contracted. 14 THE ABOVE AS TRUE TO THE BEST If not at place of death?..... Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS Toe REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meminges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds., (Recommendations on statement of Never report

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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH 6378	STATE OF MARYLAND	
La alleganie	CERTIFICATE OF DEATH	
County acceptancy	Registration Dist. No.	
1 1 1 1 1 70	O. I Registration Dist. No.	
Village or City Custerlauf (No. / d	St.; Ward) [If death occurred in a hospital or institution,	
0.70 0 2	give its NAME instead	
FULL NAME T. Natter N	lute of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR BACE 5 SINGLE.	19 DATE OF DEATH	
MARRIED, MANUEL	July 30, 191 6	
Male Mude (Write the word)	(Month) (Day (Year)	
6 DATE OF BIRTH	May 1 1914 to July 30 1914.	
Ups 11 , 875		
(Youth) (Day (Year)	that I last saw hour alive on fully 30 ,191	
7 AGE if LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1404. m,	
34 yrs 3 mos 4 ds. or min,?	The CAUSE OF DEATH* was as follows:	
BOCCUPATION	my let Disers	
(a) Trade, profession, or particular kind of work.	Urleure Coma.	
(b) General nature of industry,	A THE CONTROL OF THE	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 7 ds.	
9 BIRTHPLACE (State or country)	Contributory Organics New Descrip	
(State or country)	Secondary	
10 NAME OF FATHER COLLIN O SALA	(Ouration) yrs mos ds.	
allery Cillule	(Signed) M. D.	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	July 31, 191 (Address) Jacobe Los Jus Ris	
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Computer of Hondistry.	
W 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.	
a fens Me He	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or Country)	At place Dorch Know in the Dorch Know	
14	of death yrs mos ds. State yrs mos ds Where was disease contracted.	
THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? The transfer of the state of th	
(Informant) aurence suaffer	Former or usual residence	
(Address) 72 Colember St.	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL	
16	Land Millera 2 11	
Filed AUG 119797 March Colleges	20 UNDERTOKER ADDRESS	
REGISTRAR	Louis Atan Co	
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	
Lembulard Pen. R.B.		

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healtbful-(a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For VIO-

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SEP 2 1914

V. S. No. 1.

N. B.

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1 PLACE OF DEATH

If more blanks



### STATE OF MARYLAND CERTIFICATE OF DEATH

County Miles Care Management	Registration Dist. No.
Village or City Gasaless land (No. Go G/2 2FULL NAME Jos Pls Wil	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIPOWE, WIPOWE, Wirte the word) 6 DATE OF BIRTH	16 DATE OF DEATH    Left   3   1914     (Month) (Day (Year)     17     HEREBY CERTIFY, That I sttended deceased from     Left   0   1914   to   Left   20   1914     that I last saw him alive on   Lucy   20   1914
(Month) (Day (Year)  TAGE    If LESS than   1 day,hrs.   OR	snd that death occurred on the date stated above, st 1/9, m, The CAUSE OF DEATH; was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Threating yrs mos / ds.  Contributory Coration yrs mos ds.  (Signed) Jes Nos ds.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds
(Informant) Was Harry Registran	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  AND MOLECULAR ADDRESS  Y O Wolford  Cambridge A

are needed, address State Registrat, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. The ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion,"

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RECEIVED

AUG 4 1914

BURLEAU, V. S.

### V. S. No. 1.

N. B.

RECORD

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### PLACE OF DEATH CTATE OF MADAULAND

Country Legamy 6375 (104)	CERTIFICATE OF DEATH			
f 1/	Registration Dist. No.  [it death occurred in a hospital or institution, give its NAME instead of street and comber.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH .			
Male White Single, Married, Married, Morried Widowed, ORDIVORGED (Write the word)	16 DATE OF DEATH Sules 73 ,191 (Year)			
(Month) (Day (Year)	that I last saw him alive on the transfer of t			
TAGE  If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 10:30, m. The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, of particular kind of work.  (b) Deneral nature of industry, business, or establishment in which employed (or employer)	Contributory Paraly 2005			
*BIRTHPLACE (State or country) Jean Grasheur 9 Md	Secondary  (Doration) Q yrs Q mos 3 ds.  (Signed) W. D.			
11 BIRTHPLACE OF FATHER (State or country) & harm  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF M	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
13 BIRTHPLACE OF MOTHER (State or country)  Savage	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.			
(Interment) AN GOYGE WINDY CONTENTS OF MY KNOWIEDGE	If not at place of death?  Former or  usual esidence.			
(Address) 7 ( Same e a ) 15 15 1914 191 ( Address ) 15 1914 191	PPLACE OF BURIAL OF REMOVAL DATE OF BURIAL 1915			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1				

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and ehildren, not (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

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such, if impossible to determine definitely. Examples: thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for

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